

LSC POC #2

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445358	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/18/2013
NAME OF PROVIDER OR SUPPLIER PRINCETON TRANS CARE AT NORTH			STREET ADDRESS, CITY, STATE, ZIP CODE 2511 WESLEY STREET JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain the one (1) hour fire rated construction. The findings include:</p> <ol style="list-style-type: none">1. Observation and interview with the Maintenance Director, on March 18, 2013 between 2:20 pm and 5:00 pm confirmed unsealed penetrations above the lay-in ceilings of the multipurpose room and storage room.2. Observation and interview with the Maintenance Director, on March 18, 2013 between 2:20 pm and 5:00 pm confirmed unsealed headwall joint in the following rooms:<ul style="list-style-type: none">- X-ray storage room- Clean utility room- Soiled utility room <p>These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 18, 2013.</p>	K 029	<p>K029- Life Safety Code Standard Obtained updated facility blueprints approved by the State with updated information regarding smoke partitions and firewalls- will relabel smoke /firewalls in facility to match state approved blueprints</p>	5/2/2013	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] *INTERIM NHA* *4/5/2013*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445356	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/18/2013
NAME OF PROVIDER OR SUPPLIER PRINCETON TRANS CARE AT NORTH			STREET ADDRESS, CITY, STATE, ZIP CODE 2511 WESLEY STREET JOHNSON CITY, TN 37601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 062 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the sprinkler piping was not used to support non-system components. The findings include: Observation and interview with the Maintenance Director, on March 18, 2013 at 3:30 p.m. confirmed wiring and ductwork above the lay in ceiling was supported by sprinkler piping in the corridor by rooms 104 and 107. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 18, 2013.</p>	K 062	<p>K062- Life Safety Code Standard</p> <p>All wiring tied up to eliminate contact with sprinkler piping and currently in process of obtaining quote to move ductwork that is in contact with sprinkler piping</p>	5/2/2013	